

**CHAPTER 12 ANNUAL BUDGET**  
January 1, 1998 - December 31, 1998

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

I. SUMMARY OF NECESSARY EXPENSES

	CY 96 <u>Actual</u>	CY 97 <u>Full-year</u>	CY 98 <u>Budget</u>	CY 98-CY 97 <u>Percentage Change</u>
<u>NECESSARY EXPENSES:</u>				
*1. Employee Expenses.....	_____	_____	_____	_____
*2. Office Rent.....	_____	_____	_____	_____
*3. Utilities (if not included in rent).....	_____	_____	_____	_____
*4. Bookkeeping and Accounting Services.....	_____	_____	_____	_____
*5. Computer Services.....	_____	_____	_____	_____
6. Audit Services.....	_____	_____	_____	_____
*7. Consulting Services.....	_____	_____	_____	_____
8. Telephone.....	_____	_____	_____	_____
9. Postage.....	_____	_____	_____	_____
10. Office Supplies.....	_____	_____	_____	_____
*11. Bond Premiums.....	_____	_____	_____	_____
12. Clerk Fees (not under plans).....	_____	_____	_____	_____
13. Dues to Professional Organizations.....	_____	N/A	N/A	N/A
*14. Publications and On-Line Services.....	_____	_____	_____	_____
*15. Insurance, other than Employment Related.....	_____	_____	_____	_____
16. Training (See Instructions).....	_____	_____	_____	_____
*17. Maintenance and Service Agreements.....	_____	_____	_____	_____
18. Photocopy Services or Transcripts.....	_____	_____	_____	_____
*19. Travel.....	_____	_____	_____	_____
*20. Equipment/Furniture Rental.....	_____	_____	_____	_____
*21. Equipment/Furniture Purchases.....	_____	_____	_____	_____
22. Leasehold Improvements.....	_____	_____	_____	_____

I. SUMMARY OF NECESSARY EXPENSES

	CY 96	CY 97	CY 98	CY 98-CY 97
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage Change</u>
*23. Other expenses (list):				
TOTAL Necessary Expenses.....				

\* These entries require additional detail on the "Yearly Supporting Estimates" and "Detail of Personnel Expense" exhibits. The line item totals from these exhibits should tie to the "Summary of Necessary Expenses".

II. YEARLY SUPPORTING ESTIMATES

	CY 96	CY 97	CY 98	CY 98-CY 97
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage Change</u>
1. Employee expenses <sup>1</sup> :				
A. Salaries (including amounts withheld).....	_____	_____	_____	_____
B. Overtime.....	_____	_____	_____	_____
C. Bonuses.....	_____	_____	_____	_____
D. Employer's Contribution .....	_____	_____	_____	_____
E. Employee Benefits				
1. Total Health Insurance.....	_____	_____	_____	_____
2. Total Life Insurance.....	_____	_____	_____	_____
3. Total Other Insurance.....	_____	_____	_____	_____
4. Total Retirement.....	_____	_____	_____	_____
5. Total Parking.....	_____	_____	_____	_____
6. Total Other Benefits.....	_____	_____	_____	_____
TOTAL Benefits.....	_____	_____	_____	_____
TOTAL Employee Expenses.....	_____	_____	_____	_____
2. Rent:				
A. Total Square Footage Leased (Office Space).....	_____	_____	_____	_____
B. Sq Ft Apportioned to Ch. 12 Opr (Office Space)...	_____	_____	_____	_____
C. \$ Amount Paid Per Square Foot (Office Space).....	_____	_____	_____	_____
D. \$ Amount Office Space.....	_____	_____	_____	_____
E. \$ Amount Off-Site Storage.....	_____	_____	_____	_____
TOTAL Rent.....	_____	_____	_____	_____
Is Chapter 12 Operation renting from a related party? (YES\NO) _____				
If yes, identify party _____				
3. Utilities (if not included in rent):				
A. Electricity.....	_____	_____	_____	_____
B. Gas.....	_____	_____	_____	_____
C. Water.....	_____	_____	_____	_____
TOTAL Utilities.....	_____	_____	_____	_____

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1 Payment of payroll taxes and benefits for trustees are not allowable expense items.

II. YEARLY SUPPORTING ESTIMATES

	CY 96 <u>Actual</u>	CY 97 <u>Full-year</u>	CY 98 <u>Budget</u>	CY 98-CY 97 Percentage <u>Change</u>
4. Bookkeeping and Accounting Services:				
A. From Third Parties:				
1) vendor name and type of service.....				
2) vendor name and type of service.....				
B. From Standing Trustee or Related Party:				
1) vendor name and type of service.....				
2) vendor name and type of service.....				
TOTAL Bookkeeping and Accounting Services.....				
5. Computer Services:				
A. Vendor name.....				
B. Vendor name.....				
TOTAL Computer Services.....				

II. YEARLY SUPPORTING ESTIMATES

	CY 96	CY 97	CY 98	CY 98-CY 97
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage Change</u>
7. Consulting Services:				
(This does not authorize payment of expenses incurred for the defense or settlement of claims made or actions brought against the trustee personally.)				
A. From Third Parties:				
1) Consultant name and area of expertise.....				
2) <u>Consultant name and area of expertise.....</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
B. From Related Party:				
1) Consultant name and area of expertise.....				
2) <u>Consultant name and area of expertise.....</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
TOTAL Consulting Services.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
11. Bond Premiums:				
A. For Standing Trustee.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
B. For Staff.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
TOTAL Bond Premiums.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
14. Publications and On-Line Services:				
A. (name).....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
B. (name).....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
C. (etc.).....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
TOTAL Publications and On-Line Services.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

II. YEARLY SUPPORTING ESTIMATES

	CY 96	CY 97	CY 98	CY 98-CY 97
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage Change</u>
15. Insurance, other than Employee Benefits:				
A. Errors and Omissions insurance (insurer name).. _____	_____	_____	_____	_____
B. _____ (insurer name and type of insurance)..... _____	_____	_____	_____	_____
C. _____ (insurer name and type of insurance)..... _____	_____	_____	_____	_____
D. _____ (etc.)..... _____	_____	_____	_____	_____
TOTAL Insurance.....	_____	_____	_____	_____
16. Training (See Instructions):				
A. (training attended)..... _____	_____	_____	_____	_____
B. (training attended)..... _____	_____	_____	_____	_____
C. (etc.)..... _____	_____	_____	_____	_____
TOTAL Training Expenses.....	_____	_____	_____	_____
17. Maintenance and Service Agreements:				
A. (item)..... _____	_____	_____	_____	_____
B. (item)..... _____	_____	_____	_____	_____
C. (etc.)..... _____	_____	_____	_____	_____
TOTAL Maintenance and Service Agreements.....	_____	_____	_____	_____
19. Travel:				
A. Transportation..... _____	_____	_____	_____	_____
B. Lodging..... _____	_____	_____	_____	_____
C. Meals..... _____	_____	_____	_____	_____
D. Other (list)..... _____	_____	_____	_____	_____
TOTAL Travel.....	_____	_____	_____	_____

II. YEARLY SUPPORTING ESTIMATES

	CY 96	CY 97	CY 98	CY 98-CY 97
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage Change</u>
20. Equipment/Furniture Rentals:				
A. From Third Parties:				
1) Business equipment.....	_____	_____	_____	_____
2) Computer equipment.....	_____	_____	_____	_____
3) Furniture.....	_____	_____	_____	_____
4) Other rental (list).....	_____	_____	_____	_____
B. From Standing Trustee or Related Party:				
1) Business equipment.....	_____	_____	_____	_____
2) Computer equipment.....	_____	_____	_____	_____
3) Furniture.....	_____	_____	_____	_____
4) Other rental (list).....	_____	_____	_____	_____
TOTAL Equipment/Furniture Rentals.....	_____	_____	_____	_____
21. Equipment/Furniture Purchases:				
A. Business equipment.....	_____	_____	_____	_____
B. Computer equipment.....	_____	_____	_____	_____
C. Furniture.....	_____	_____	_____	_____
D. Other (specify).....	_____	_____	_____	_____
TOTAL Equipment/Furniture Purchases.....	_____	_____	_____	_____
23. All other Expenses(specify third or related party):				
A. (item).....	_____	_____	_____	_____
B. (item).....	_____	_____	_____	_____
C. (item).....	_____	_____	_____	_____
D. (etc.).....	_____	_____	_____	_____
TOTAL All other Expenses.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE<sup>2</sup>

	<u>CY 96</u>	<u>CY 97</u>	<u>CY 98</u>	<u>CY 98-CY 97</u>
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage</u>
				<u>Change</u>
#1 Employee Name & Position:_____				
<b>If hired in CY 97 or CY 98,</b>				
<b>give month and year of hire</b> _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security).....	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year <sup>3</sup> .....	_____	_____	_____	_____
Hourly Salary - End of Year <sup>3</sup> .....	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

<sup>2</sup> Identify by marking with an "\*" each employee who is related (by blood or marriage) to the trustee or to another trustee employee and describe the relationship. Also for any retirement plan(s) in effect, define contribution formula.

<sup>3</sup> For CY 96, enter either average hourly salary for the year or the beginning and ending hourly salaries.



III. DETAIL OF PERSONNEL EXPENSE

	CY 96 <u>Actual</u>	CY 97 <u>Full-year</u>	CY 98 <u>Budget</u>	CY 98-CY 97 Percentage <u>Change</u>
#2 Employee Name & Position:_____				
<b>If hired in CY 97 or CY 98,</b>				
<b>give month and year of hire</b> _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security).....	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year.....	_____	_____	_____	_____
Hourly Salary - End of Year.....	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE

	CY 96	CY 97	CY 98	CY 98-CY 97
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage Change</u>
#3 Employee Name & Position:_____				
<b>If hired in CY 97 or CY 98,</b>				
<b>give month and year of hire</b> _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security).....	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year.....	_____	_____	_____	_____
Hourly Salary - End of Year.....	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE

	CY 96	CY 97	CY 98	CY 98-CY 97
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage Change</u>
#4 Employee Name & Position:_____				
<b>If hired in CY 97 or CY 98,</b>				
<b>give month and year of hire</b> _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security).....	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year.....	_____	_____	_____	_____
Hourly Salary - End of Year.....	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE

	CY 96 <u>Actual</u>	CY 97 <u>Full-year</u>	CY 98 <u>Budget</u>	CY 98-CY 97 <u>Percentage Change</u>
Total Employee Expense Per Employee:				
Employee #1 (Name&position).....	_____	_____	_____	_____
Employee #2 (Name&position).....	_____	_____	_____	_____
Employee #3 (Name&position).....	_____	_____	_____	_____
Employee #4 (Name&position).....	_____	_____	_____	_____
Employee #5 (Name&position).....	_____	_____	_____	_____
Employee #6 (Name&position).....	_____	_____	_____	_____
Employee #7 (Name&position).....	_____	_____	_____	_____
Employee #8 (Name&position).....	_____	_____	_____	_____
Employee #9 (Name&position).....	_____	_____	_____	_____
Employee #10 (Name&position).....	_____	_____	_____	_____
Employee #11 (Name&position).....	_____	_____	_____	_____
Employee #12 (Name&position).....	_____	_____	_____	_____
Employee #13 (Name&position).....	_____	_____	_____	_____
Employee #14 (Name&position).....	_____	_____	_____	_____
Employee #15 (Name&position).....	_____	_____	_____	_____
Bonus Funds.....	_____	_____	_____	_____
 TOTAL All Employees.....	_____	_____	_____	_____

NOTE: Attach written job description for each employee listed above, if position is new or responsibilities have changed.

IV. YEARLY ALLOCATED EXPENSE EXHIBIT<sup>4</sup>

	CY 96 <u>Actual</u>	CY 97 <u>Full-year</u>	CY 98 <u>Budget</u>	CY 98- CY 97 <u>Percentage Change</u>
Item and Justification for Allocation:				
1. Expense Item: _____				
Total Cost .....	_____	_____	_____	_____
Cost Allocated to Ch. 12 Operations .....	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				
2. Expense Item: _____				
Total Cost .....	_____	_____	_____	_____
Cost Allocated to Ch. 12 Operations .....	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				
3. Expense Item: _____				
Total Cost .....	_____	_____	_____	_____
Cost Allocated to Ch. 12 Operations .....	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				
4. Expense Item: _____				
Total Cost .....	_____	_____	_____	_____
Cost Allocated to Ch. 12 Operations .....	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				

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<sup>4</sup> Examples of "Justification for Allocation" are hours worked, square footage, number of employees.

V. WORKLOAD EXHIBIT

	<u>CY 96</u>	<u>CY 97</u>	<u>CY 98</u>	<u>CY 98-CY 97</u>
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage</u>
				<u>Change</u>
1. a) Receipts, actual or estimate, net of refunds (exclude constructive receipts).....	_____	_____	_____	_____
b) Disbursements subject to percentage fee, actual or estimate, (exclude constructive disbursements).....	_____	_____	_____	_____
c) Interest earned on trust and expense funds, actual or estimate.....	_____	_____	_____	_____
d) Revenue from awards under §503(b).....	_____	_____	_____	_____
2. a) Average percentage fee, actual or requested.....	_____ %	_____ %	_____ %	
b) Revenue from perct. fees (Item 1(b) x Item 2(a))	\$ _____	\$ _____	\$ _____	
c) Revenue from fees on direct payments.....	\$ _____	\$ _____	\$ _____	
3. Cases active, start of period.....	_____	_____	_____	
4. New cases filed during year (+).....	_____	_____	_____	
5. Adjustments during year:				
a) Cases transferred in (+).....	_____	_____	_____	
b) Cases converted from another chapter (+).....	_____	_____	_____	
c) Cases transferred out (-).....	_____	_____	_____	
d) Conversions to another chapter (-).....	_____	_____	_____	
e) Dismissals (-).....	_____	_____	_____	
Total adjustment (+) or (-).....	_____	_____	_____	
6. Cases closed by the Court on completion of the plan or hardship discharge (-).....	_____	_____	_____	_____
7. Cases active, end of period (3+4+5-6).....	_____	_____	_____	_____

NOTE: The entry for "Cases active, end of period" should be carried forward as the number of "Cases active, start of period" in the next calendar year.

VI. BOND CALCULATION

	(1) CY 97 Monthly Receipts Full Year <u>Estimate</u>	(2) CY 97 Highest Daily Total Bank <u>Balance</u>	(3) CY 98 Monthly Receipts Full Year <u>Estimate</u>	(4) CY 98 Estimate Highest Daily Total <u>Bank Balances</u>
January	_____	_____	_____	_____
February	_____	_____	_____	_____
March	_____	_____	_____	_____
April	_____	_____	_____	_____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____
TOTAL				
Same as Item V(1)(a)	_____		_____	
Upcoming Year Estimate				
Highest Daily Total Bank Balance		_____	x 110%	_____
			Bond Required	

NOTE: Upcoming Year Bond Calculation is Based on the Highest Daily Total Bank Balance Listed in Column (4) x 110%

VII. COMPUTATION OF AMOUNT AVAILABLE FOR COMPENSATION AND OPERATING RESERVE

- |  |       |
|--|-------|
| 1. End-of-year CY 97 Operating Reserve<br>[should equal estimated expense account balance at end of CY 97]   | _____ |
| 2. Interest earned on trust and expense funds [same as V.1(c)]   | _____ |
| 3. Revenue from awards under §503(b) [same as V.1(d)]  | _____ |
| 4. Revenue from percentage fees [same as V.2(b)]   | _____ |
| 5. Revenue from fees on direct payments [same as V.2(c)]   | _____ |
| 6. Total revenue [1+2+3+4+5]   | _____ |
| 7. Less Total Necessary Expenses [same as total of I. on Page 2]   | _____ |
| 8. Balance of funds available for compensation (inclusive of<br>20% in benefits) and operating reserve [6-7] | _____ |

NOTE: Entries for lines 2-8 reflect numbers for upcoming year

## STANDING TRUSTEE'S CERTIFICATION TO BUDGET REQUEST

I hereby certify that the information contained herein is correct, and request that this annual budget be examined and reviewed by the United States Trustee.

\_\_\_\_\_  
CHAPTER 12 STANDING TRUSTEE'S SIGNATURE

REVIEWED BY:

\_\_\_\_\_  
United States Trustee